PAYMENT: Complete Partial Discount Torms  Complete Partial Discount to Weight Government B/L No. Total 217.  La certify that the above bill is correct and just and that payment has not been received.  STATINTL (Sign original only)  Date 3/28/58 *Payce.	U. S. COST REIMEURSABLE  (Chepartment, bureau, or establishment)  (Chepartment	Coucher prepared at (Give place and date)  HE UNITED STATES, Dr., Payee's Account No.  (Caddress) (City) (State)  (Cost Per Dollars of Per Dollars of Service Cost (City) (State)  (Cost Per Dollars of Per Dollars of Per Dollars of Service Cost (City) (State)  (Cost Per Dollars of Per Dollars of Per Dollars of Service Complete (City) (State)  (Cost Cost (City) (State) (State)  (Cost Cost (City) (State) (State)  (Cost (City) (State) (S
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The United States, Dr.,  Payee's Account No.  (Payee)  (Caddress)  (City)  (State)  (Chery description, item number contract or Federal supply or Service)  (Enter description, item number contract or Federal supply or Service)  (Enter description, item number contract or Federal supply or Service)  (Enter description, item number contract or Federal supply or Service)  (Enter description, item number contract or Federal supply or Service)  (Enter description, item number contract or Federal supply or Service)  (Enter description item number contract or Federal supply or Service)  (Cost  (Enter description item number contract or Federal supply or Service)  (Cost  (Enter description item number contract or Federal supply or Service)  (Cost  (Enter description item number contract or Federal supply or Service)  (Cost  (Payer must NOT use this space)  (Sign original only)  (Sign original only)  (Sign original only)  (Sign original only)  (Signature or initial)  (Authorited Certifying Officer)	The United States, Dr.,  Payee's Account No.  (Payee)  (Address)  (Otty)  (State)  No. and Date of Date of Delivery or Service  (Enter description, item number of contract or Federal supply exhedule, and other information desmed necessary)  Discount Terms  (Cost  Cost	HE UNITED STATES, Dr.,  Payee's Account No.  (Payee)  (Address)  (Colty)  (State)  ARTICLES OR SERVICES (Center description, item number of contract or Federal supply or Service or Service of Servic
To	To	(Address) (City) (State)  (Interdeseription, item number of contract or Federal supply or Service o
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No. and Date of Services   Center description   term number of contract or Federal supply or Services   Cost   Co	Cost	(Address) (City) (State)  No. and Date of Order  Order  Order  Order  Date of Delivery or Service  Cost  Cos
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No. and Date of Date of Dalivery Order    Date of Dalivery Order   Date of Delivery Order   Center description, item number of contract or Federal supply or Service   Discount Terms   Cost   Discoun	No. and Date of Order    No. and Date of Order   Date of Delivery Order   Center description, item number of contract or Federal supply schedule, and other information deemed necessary)   QUANTITY   Cost   Per   Dollar	ARTICLES OR SERVICES  (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)    Cost   Cost
PAYMENT:  Cost  Co	PAYMENT:  Complete   Partial   Use continuation sheet(s) if necessary  Complete   Partial   Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No. Total 2:  Lacetify that the above bill is correct and just and that payment has not been received,  STATINTL (Sign original only)  Date 3/28/58 *Payee.  **Boot required when a like certificate is made by payee on attached bill or billion  Amount verified; correct for Signature or initials)  Contract No. # - 101 Date Req. No. Date Invoice Rec'd.  Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  † Approved for \$	Order or Service of Discount Terms    Cost
PAYMENT:  Complete	PAYMENT:  Complete   Partial   Use continuation sheet(s) if nocessary  Shipped from to Weight Government B/L No. Total 2:  La destrify that the above bill is correct and just and that payment has not been received.  STATINTL (Sign original only)  Date 3/28/58 *Payce ** Differences **  Title ** Signature or initials*  Contract No. A = 101 Date Req. No. Date Invoice Rec'd.  Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  Approved for \$ **  (Authorized Cartifying Officer)	WMENT:    Complete   Partial   Use continuation sheet(s) if necessary     ipped from to Weight Government B/L No. Total 217.     acestify that the above bill is correct and just and that payment has not been received.   (Payee must NOT use this space)
Complete Partial Use continuation sheet(s) if necessary  Shipped from to Weight Government B/L No. Total 217.  La cestify that the above bill is correct and just and that payment has not been received.  STATINTL (Sign original only)  Date 3/28/58 *Payee.  Per Title (Signature or initials)  Contract No. A-101 Date Req. No. Date Invoice Rec'd.  Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  #Approved for \$  SIGN ORIGINAL ONLY  Title Date  Date  Date  Date  ORIGINAL ONLY  Date  Date  Date	Complete	Complete
Lacertify that the above bill is correct and just and that payment has not been received.  STATINTL (Sign original only)  Date 3/28/58_*Payee	STATINTL (Sign original only)  Date 3/28/58 *Payce *Payce ** not required when a like certificate is made by payee on attached bill or bille)  Per ** Title	STATINTL (Sign original only)  ate 3/28/58 *Payce  Per   One trequired when a like certificate is made by payee on attached bill or bills)  Amount verified; correct for
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Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  † Approved for \$	Pursuant to authority vested in me, I certify that this account is correct and proper for payment.  † Approved for \$	A I A I A I A I A I A I A I A I A I A I
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## Standard Form No. 1935a—Revised Form prescribed by Comptroller Goograf July Standard Form Release 2000/04/for Elargh Form Personal Septembe Approved For Release 2000/04/for Elargh Form Personal Services Other Than Personal MEMORANDUM

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